PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												nuver	
Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	/ OR		THAN ENTITY	
T	OTAL CLAIMS	3	6				·	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED ,		NUM	BER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			€ minus 20=		. 0			X\$ 9=	1	OR	X\$18=	1	
INDEPENDENT CLAIMS			g minus 3.≡		•	0		X43=	7	OR	X86=		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+145=		*	OR	+290=	12	
* If the difference in column 1 is less than zero, enter *0* in column 2 TOTAL 385 OR TOTAL											**		
A AIMS AS AMENDED - PART II OTHER										THAN			
•	. N.	(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.6	Minus	-9	(1)	9		X\$ 9=	1	OR	X\$18=		
	Independent	· 3	Minus	(3		Н	- X43=	1	OR	X86=	. /	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 45	1/-		+290=	. /	
1.41								+145=	X	OR	+290=		
(1150V								ADDIT. FEE					
Щ	Jua C	(Column 1)		(Colum		(Column 3)				1		1221	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	-2	2	9		X\$ 9=	7	OR	X\$18=		
	ind pendent	· 1	Minus		2_	1		X43=	7	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	X	OR	+290=	02	
										OR ,	YOYAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)						1	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	• . •	HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2	Minus	* 'O	0	- ()	ľ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	000 .7	ζ	رْہ	ŀ	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•			OR			
+145= OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFFICE OFFICE OFFIC													
		moer Previously Paid ber Previously Paid					four	nd in the ap	propriate box	in cot	mn 1.		